


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000106834 1. Entity Name DONALDSON GREENHOUSES, INC.	
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Principal Place of Business 5457 ROUND LAKE ROAD APOPKA, FL 32712	Mailing Address POST OFFICE BOX 840 ZELLWOOD, FL 32798
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05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3484032	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent DONALDSON, WILLIAM R 5563 ROUND LAKE RD. APOPKA, FL 32712
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONALDSON, WILLIAM R 5563 ROUND LAKE RD. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DONALDSON, KAREN E 5563 ROUND LAKE RD. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen E. Donaldson* *Karen E. Donaldson* 4-29-05 (407) 886-7202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #